| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|---------|
| FEE DETERMINATION | AV | Lagolal | 6/21 |
| O.I.P.E. CLASSIFIER | 157 | 10 | 10/26 |
| FORMALITY REVIEW | 1 | / | |
| RESPONSE FORMALITY REVIEW | City | 59667 | 10/4/00 |
| | 7 | | 1 11 |

INDEX OF CLAIMS

| ✓ Rejected | N Non-elected |
|------------------------------|---------------|
| = Allowed | IInterference |
| — (Through numeral) Canceled | A Appeal |
| ÷ Restricted | O Objected |

| ÷ nestricted 0 Objected | | | | | |
|--|---|-------------------|---|--|--|
| Claim Date | Claim Date | Claim | Date | | |
| Final Dirigipal California | Pinal Date | Final Original | | | |
| | 51 () | 101 | | | |
| 2 / | 52 🗸 🗸 | 102 | | | |
| 3 / 1 | 53 (0 | 103 | | | |
| 4 1 6 | 54 1 0 | 104 | | | |
| 5 / 4 | 55 1 0 | 105 | | | |
| 6 1 | 56 0 | 106 | | | |
| 7 🗸 | 57 🗸 🗸 | 107 | | | |
| 8 4 4 | 58 1 7 | 108 | | | |
| 10 \(\) | 60 1 7 | 109 | - | | |
| | 61 1 1 | 111 | | | |
| 12 1 | 62 1 7 | 112 | | | |
| 13 / 1 | 63 4 4 | 113 | | | |
| 14 J J | 64 7 7 | 114 | | | |
| 15 V V | 65 4 1 | 115 | | | |
| 16 🗸 | 66 7 7 | 116 | | | |
| 17 🗸 🐧 | (Z) Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 117 | | | |
| 18 4 4 | 68 | 118 | | | |
| 19 7 1 | 69 🗸 🗸 | 119 | | | |
| 20 1 1 | 70 J | 120 | | | |
| 21 V J | 71 | 121 | | | |
| 22 / / | 7/2 | 122 | | | |
| 23 7 1 | 73 74 | 123 | | | |
| | 75 | | | | |
| 25 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 76 | 125 126 | | | |
| 27 /) | 77 | 127 | | | |
| 28 4 0 | 78 | 128 | | | |
| 29 9 0 | 79 | 129 | | | |
| 1 30 1 | 80 | 130 | | | |
| 31 4 1 | 81 | 131 | | | |
|] 32 V V | 82 | 132 | | | |
| 33 1 1 | 83 | 133 | | | |
| 34 J J | 84 | 134 | | | |
| 35 7 7 | 85 | 135 | | | |
| | 86 | 136 | | | |
| 37 🗸 🗸 | 87 | 137 | | | |
| | 88 89 | 138 | | | |
| | 90 | 139 | | | |
| 40 10 | 91 | 141 | - | | |
| 41 J Q | 92 | 142 | | | |
| 43 10 | 93 | 143 | ╼┼═┼╌┼╌┼╌┼╌┼╌┼ | | |
| 44 7 0 | 94 | 144 | ·┤┤┥┤┤ | | |
| 45 | 95 | 145 | | | |
| 46 | 96 | 146 | | | |
| 47 7 7 | 97 | 147 | | | |
| 48 7 7 | 98 | 148 | | | |
| 49 7 1 | 99 | 149 | | | |
| 50 | 100 | 150 | | | |
| | | | | | |

If more than 150 claims or 10 actions staple additional sheet here

BEST AVAILABLE COPY